

## WORKSHOP II

*TRAINING, RECRUITMENT AND UTILIZATION  
OF HEALTH PERSONNEL\**

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Opening the workshop, Dr. Evans pointed out that health and medical needs will change during the next 20 or 30 years as they are changing now, and have changed in the past. Having looked to the physical sciences to help establish a sound basis for medical care, medicine is now turning to the behavioral and social sciences to learn about man in his totality. Health personnel must be trained to understand that society's concept of health and illness, which has also undergone considerable change, is an increasingly active element in the determination of health programs. More and more, such programs are thought of in terms of community organization, multi-disciplinary activities and teamwork, rather than in terms of "solo" action. The doctor is the leader of the health team, but who should the other members be? How should they be prepared for their current roles? How can an adequate supply of personnel possessing the desired qualifications be achieved?

*Recruitment*

Fewer young people are entering the health services, and serious manpower shortages exist in medicine, nursing, social work, technical personnel. Health is not competing successfully with the glamorous professions such as space and electronics, which have greater prestige,

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offer good entry jobs, shorter training and often lead to larger financial rewards. Speaking of the health field as a whole, the group agreed that some unfavorable elements in the present public image of the health professions seriously impede recruitment.

*Factors Within the Health Field*

Opinions differed as to whether the inadequacy of financial aid which the health field offers during training is a prime factor in the manpower shortage. It was argued that the cost of a twelve-year medical education and training program keeps out of medical schools the children of families with incomes under \$10,000, and even some with incomes above that figure, and that loan funds offered by the medical profession are less attractive than grant scholarships offered by the National Science Foundation and other sources in competing fields. Similar aid is needed in the health professions.

The opposing view was that the problem of training cost had been exaggerated, and many sources of loans and scholarships for medical students and other personnel were cited, which should be more widely publicized. All agreed, however, that inadequate salaries, lack of status and unattractive work climate of some health professions, particularly in public agencies, discourage many from entering them. It was held by some that status factors operating *within the profession of medicine itself* decrease its standing with the public. Overemphasis on medical research and teaching as the prime function of hospitals and the preferment accorded research and teaching staff over clinicians tend to isolate medical schools from the community. Both are unjustified from an educational standpoint, since only 15 per cent of graduates enter teaching and research.

On the other hand, it was argued that the role of the medical school can be subverted by overwhelming it with too much responsibility for volume of medical care; it is proper for teaching hospitals to put their emphasis on education and research and to relegate to third place the efforts to care for a large number of patients. Less concern with quantity does not imply less concern with quality. There is no better control than an educational atmosphere. At the same time, the medical research program, which has some of the glamor of the space age, attracts to the health field young people who would otherwise be lost to it.

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*Recruitment Methods*

Dr. Evans suggested that more young people might be attracted by recruiting efforts emphasizing the significance of the health field as a whole, instead of focusing on narrow segments of the field.

There was general agreement that much more needs to be done to exploit the potential interest of youngsters in elementary and junior high schools and in the lower high school years; most efforts to recruit for the health field start too late and therefore lose likely candidates to other fields.

Representatives of secondary schools and colleges should be given an active part in conferences dealing with health services. Even trained guidance counselors in high schools are overwhelmed by the variety of opportunities available to young people, and the health field does not help them to put its case across. Young professionals—doctors and nurses, for example—should be sent into the schools to tell youngsters about health work; the best recruiter for a nurse is another nurse. It was also noted, however, that parents have more influence than the schools on vocational choices and that parents are affected by the kind of care they receive in hospitals and from doctors.

Stronger efforts ought to be made to attract women into medicine. It should be brought to the attention of high school girls, for example, that the acceptance rate at medical schools last year was higher for female than for male applicants.

In addition to bringing in new people, manpower in the health professions must be increased by attracting back trained persons who have dropped out; refresher courses and a favorable working environment should be offered to them.

*Training*

Several participants suggested that one approach to our present training programs might be an effort to find out why the enthusiasm of entrants often cools during the process of professional education. Dr. Evans commented that we appear to be moving into a period of study and change of the education process. At present, length of schooling (twelve years for medicine) is equated with quality. But this rigidity fails to take account of the great improvement in student preparation (e.g., entering college students have often had high-school biology

of higher quality than the courses offered in many colleges) and of individual differences in learning potential.

The two things on which medical education depends are the learning process and the practical experience of patient care, neither of which have been subjected to university caliber research, which is greatly needed. Dr. Evans noted that the American Association of Medical Colleges will, for the first time, conduct a session on educational research in medicine, and will continue discussions of the subject.

The question arose as to whether medical schools should teach sophisticated investigative methods to all students, most of whom will become practitioners. Instead, two separate courses might be offered, one for the investigator and another for the practitioner. The objection was raised that the four-year experience in medical school is merely one step in the building process toward the student's eventual role in the medical field and should therefore give him a broad foundation for further training. The student is not ready in the first year or two of medical school to decide on a specialty, and even if he later chooses research, he would need an understanding of the practice of medicine.

It was also agreed that education for the health field should prepare the student better to deal with patients seen as members of groups. The person living in society must become as exciting a subject for the medical student today as the very ill person and his disease per se have been in the past. The question was raised, however, whether there is sufficient evidence that family-centered medical care is always better than the care now provided in specialized clinics.

Dr. Evans spoke of an experiment in training for nursing: the two-year course in a junior college designed to attract the girl who wants to be in an educational setting. About a dozen such programs are operating in New York State, but opinions differed about their soundness. A disadvantage cited is that graduates of the program need the equivalent of a third year of in-service training when they begin work in a hospital. It was stated, however, that most two-year graduates ranked above the average for the state in a recent licensing examination. The need for nurses is so great that graduates of the program are given the same assignments as nurses who have undergone standard training. The role of the licensed practical nurse presents similar questions. It was suggested that in both cases the problem is one of structure in the health field or utilization of personnel, rather than of training.

*Utilization*

Repeatedly, participants in the workshop identified the discrepancy between the training and the utilization of health personnel as a major contributor to the difficulty of recruitment and retention. Doctors, nurses and social workers all spend too much of their time on tasks that others without their professional training could do. Nurses are taught bedside nursing and then assigned to duties far removed from the patient and often largely clerical. In fact, only in the high-quality teaching hospitals is the concept of teamwork regularly put into practice. It was reported that the municipal hospitals are embarking on management analyses to determine how effectively present personnel is being used and how many people are needed to do the job adequately.

Structuring of medical services to make the best use of available specialists was said to be even less generally accepted outside the hospital than in it. Until group practice is widespread we will fail to make efficient use of our short supply of trained people. It was noted, however, that group practice is growing with the encouragement of the American Medical Association.

Dr. Evans suggested that if the most able people were recruited for the health field and given adequate training, they could contribute substantially to solving these problems of utilization. In the meantime, it was urged that we move toward more efficient use of our limited resources and toward continuity in recruitment, training and apprenticeship programs, with subsequent practice in first-rate settings to prevent loss of the skills so carefully built up.